
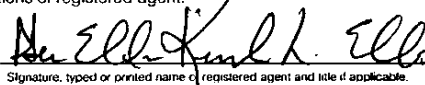
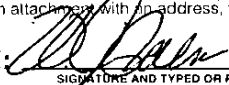


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90003 020 ****70.00

DOCUMENT # 733184					
1. Entity Name THE HOUSE OF GOD, WHICH IS THE CHURCH OF THE LIVING GOD, THE PILLAR AND GROUND OF THE TRUTH,					
Principal Place of Business 3404 SHADY BROOK LANE SARASOTA, FL 34243			Mailing Address 3404 SHADY BROOK LANE SARASOTA, FL 34243		
2. Principal Place of Business 2310 Mango Avenue Suite, Apt. #, etc.		3. Mailing Address P O Box 1731 Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 62-0727438	
Zip 34234		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TICE, JAMES 1737 SW HARLEM CIR ARCADIA, FL 34266			7. Name and Address of New Registered Agent Name ELLIS, GENERAL ELDER KENNETH L. Street Address (P.O. Box Number is Not Acceptable) 4555 EGMONT DRIVE City BRADENTON FL Zip Code 34203		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> General Elder Kenneth L. Ellis <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 1/14/2005 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ELLIOTT, BISHOP J., C. STREET ADDRESS 3404 SHADY BROOK LANE CITY-ST-ZIP SARASOTA, FL	<input checked="" type="checkbox"/> Delete		TITLE P NAME FLETCHER, BISHOP REBECCA W. STREET ADDRESS 1201 CEDAR DRIVE CITY-ST-ZIP PINE HILL, NJ 08021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HOLT, GEN.ELDER C.L. STREET ADDRESS 514 N.W. 6 AVE. CITY-ST-ZIP HALLANDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME BUTLER, SR, GENERAL ELDER CLARY K. STREET ADDRESS 1339 KIKI WAY CITY-ST-ZIP CHARLESTON, SC 29407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME THOMAS, MARTHA J STREET ADDRESS 821 MAGNOLIA CT E CITY-ST-ZIP NASHVILLE, TN 37221	<input type="checkbox"/> Delete		TITLE -- NAME -- STREET ADDRESS -- CITY-ST-ZIP --	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME TICE, ELDER JAMES STREET ADDRESS 1737 SW HRLEM CIR CITY-ST-ZIP ARCADIA, FL 34266	<input checked="" type="checkbox"/> Delete		TITLE D NAME TICE, GENERAL ELDER JAMES STREET ADDRESS 1737 SW HARLEM CIRCLE CITY-ST-ZIP ARCADIA, FL 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CAMPBELL, BISHOP C. E. STREET ADDRESS 5775 HENRIETTA ROAD CITY-ST-ZIP ROCHESTER, NY., 14543	<input checked="" type="checkbox"/> Delete		TITLE D NAME JAMISON, GENERAL ELDER CHARLENE STREET ADDRESS 3600 NW 32ND STREET CITY-ST-ZIP LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME PALMER, WILLIE J STREET ADDRESS 1409 10TH AVE E CITY-ST-ZIP BRADENTON, FL 34208	<input type="checkbox"/> Delete		TITLE -- NAME -- STREET ADDRESS -- CITY-ST-ZIP --	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Deacon Willie J. Palmer 1/14/2005 941-749-1721 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01102005 Chg-NP CR2E037 (10/03)